

2007 Health and Dental Semi-Monthly Rates

Health plan rates are effective from 1/1/2007 (PP 1) through 12/31/2007 (PP 26)

Dental plan rates are effective from 7/1/2007 (PP 14) through 6/30/2008 (PP 13)

Health Insurance Plans						
(Health premiums are deducted the first 2 paydays of each month, and are pre-tax)						
	Kaiser Single	Kaiser Family	Blue Shield HMO Single	Blue Shield HMO Family	Blue Shield POS/PPO Single	Blue Shield POS/PPO Family
100% Benefits: Full-Time Employees Including RWW Employees who work 35 - 39 Hrs						
Employee Contribution	20.92	49.97	19.97	63.31	123.90	330.62
City Contribution	180.19	450.79	180.26	451.05	180.54	451.77
Total	201.11	500.76	200.23	514.36	304.44	782.39
75% Benefits: Part-Time Employees who work 30 - 39 Hrs & RWW Employees who work 30 - 34 Hrs						
Employee Contribution	65.96	162.66	65.03	176.07	169.03	443.56
City Contribution	135.15	338.10	135.20	338.29	135.41	338.83
Total	201.11	500.76	200.23	514.36	304.44	782.39
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29 Hrs						
Employee Contribution	88.49	219.01	87.56	232.45	191.60	500.03
City Contribution	112.62	281.75	112.67	281.91	112.84	282.36
Total	201.11	500.76	200.23	514.36	304.44	782.39
50% Benefits: Part-Time & RWW Employees who work 20 - 24 Hrs						
Employee Contribution	111.01	275.36	110.10	288.83	214.17	556.50
City Contribution	90.10	225.40	90.13	225.53	90.27	225.89
Total	201.11	500.76	200.23	514.36	304.44	782.39

Dental Insurance Plans		
(Dental premiums are deducted the first 2 paydays of each month, and are pre-tax)		
	<u>Delta Dental PPO</u>	<u>DeltaCare HMO</u>
100% Benefits: Full-Time Employees Including RWW Employees who work 32 - 39 Hrs		
Employee Contribution	2.48	None
City Contribution	47.23	25.05
Total	49.71	25.05
75% Benefits: Part-Time Employees who work 30 - 39 Hrs & RWW Employees who work 30 - 31 Hrs		
Employee Contribution	14.28	6.26
City Contribution	35.43	18.79
Total	49.71	25.05
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29 Hrs		
Employee Contribution	20.19	9.39
City Contribution	29.52	15.66
Total	49.71	25.05
50% Benefits: Part-Time & RWW Employees who work 20 - 24 Hrs		
Employee Contribution	26.09	12.52
City Contribution	23.62	12.53
Total	49.71	25.05

Health and Dental In-Lieu Plan Payments		
Payment in-lieu of coverage is available for qualified enrollees (full-time and RWW who work 32+ Hours)		
Payments are made every payday, are taxable, and are subject to withholding		
	<u>Health In-Lieu</u>	<u>Dental In-Lieu</u>
If eligible for family coverage	208.06	21.80
If NOT eligible for family coverage	83.16	21.80